

Mail completed application & documents by **March 1st, 2019** to:
California State Parks
c/o Santa Cruz State Junior Lifeguard Coordinator
665 14th Avenue
Santa Cruz, CA 95062

(office use only)

APPROVED: ()
NOT APPROVED: ()
REASON: _____

REVIEWED BY: _____

California State Parks JUNIOR LIFEGUARD PROGRAM 2019 Scholarship Application

The purpose of the State Park Junior Lifeguard Program Scholarship Fund is to give households that are challenged by program fees the opportunity to participate in the Junior Lifeguard Program. The Scholarship Fund is limited by the amount of available monies that are raised through donations and fund-raisers. Applications are reviewed during active enrollment periods and are approved on a first come first served basis. All information provided on the Scholarship Application is kept strictly confidential.

PARTICIPANTS NAME: _____ DATE OF BIRTH: _____ AGE: _____

HOME ADDRESS: _____

NAME OF PERSON FILLING OUT APPLICATION: _____

RELATIONSHIP TO PARTICIPANT: () MOTHER
() FATHER
() LEGAL GUARDIAN
() OTHER: _____

YOUR ADDRESS: _____ PHONE: _____

EMAIL: _____

BEACH PROGRAM YOU ARE INTERESTED IN: _____
() Session 1 () Session 2

HAVE YOU APPLIED FOR A SCHOLARSHIP BEFORE? () YES () NO

TYPE OF SCHOLARSHIP YOU ARE APPLYING FOR:

- () FULL (100% Tuition Waived)
() PARTIAL (50% Tuition Waived)

TOTAL HOUSEHOLD INCOME: \$ _____

TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

PLEASE ATTACH A STATEMENT OF EARNINGS OR A COPY OF YOUR PREVIOUS YEARS' W2 FORM TO THIS APPLICATION. **MAKE SURE TO BLANK OUT YOUR SOCIAL SECURITY NUMBER:**

PLEASE STATE REASON FOR APPLYING FOR SCHOLARSHIP:

(Use the back of this form if you need)

The information I have provided is true and correct: _____